

BR

## SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the envelope, or on the front if space permits.

## 1. Article Addressed to:

Mr. Dennis P. Iavarone  
Clerk  
United States District Court  
Post Office Box 25670  
Raleigh, NC 27611

OBC 340

## 2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7007 0710 0003 4410 4398

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *[Signature]* Agent  
 Addressee

## B. Received by (Printed Name)

J.C. [Signature]

C. Date of Delivery  
5/8/08

## D. Is delivery address different from Item 1?

If YES, enter delivery address below:  Yes  
 No

## 3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

## 4. Restricted Delivery? (Extra Fee)

 Yes

FILED

MAY 08 2008 NF  
 May 8 2008  
 MICHAEL W. DOBBINS  
 CLERK, U.S. DISTRICT COURT